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FROM U.S. MISSION IN ROME

AMEMBASSY ADDIS ABABA FOR AMBASSADOR BRAZEAL AND USAID
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SUBJECT: US Mission/Rome visit to Ethiopia June 26-July 5, 2003 - Part II - Review of UN Agency disaster response efforts in SNNPR, Omomiya and Afar

Summary

¶1. In visits to the Southern Nations (SNNPR) (the epicenter of the present emergency in Ethiopia), Oromiya and Afar regions, US Mission/Rome's Humanitarian Attaché witnessed local authorities, UN personnel, NGOs, and others trying to "get ahead" of the widespread and deep humanitarian crisis still unfolding, where the number of people throughout Ethiopia at serious risk of death due to starvation and related diseases presently stands at 14 million. End summary.

Background

¶2. US Mission/Rome Humanitarian Attaché visited Ethiopia June 26-July 5, 2003, and traveled to Southern Nations (SNNPR), Omomiya and Afar regions, initially with DCHA/FFP Director Lauren Landis and subsequently with the United Nation's Food and Agricultural Organization's (FAO) emergency agricultural unit personnel from Rome and Nairobi.

World Food Program (WFP) Interventions in SNNPR

¶3. In parts of Ethiopia (including SNNPR), it is generally acknowledged that the process of decentralization has resulted in a mismatch between administrative responsibility and institutional capacity. As recounted by a DCHA/OFDA staffer posted there, "In some drought-stricken woredas (districts) with a population of several hundred thousand, some 10,000 are signed up for emergency food assistance. In many areas, there is little capacity at the local level to produce accurate numbers of those in need. Simply, you have to be totally destitute to qualify."

¶4. One "hotspot" of food shortage and severe malnutrition was recently detected by UN OCHA-EUE (UN Emergency Unit for Ethiopia) in Gemma-Bossa woreda of Dawro zone, in a gorge along the Omo river valley (as reported in their newsletter of June 30, 2003). Due to the inaccessibility of the area, the distribution was made in a place called Gessa-Chere in the adjacent Looma woreda where most of the weaker beneficiaries had difficulty making the journey which was as far as 70 kilometers. Some made transport arrangements with highland farmers who own donkeys and charged one-third of the relief ration as a transport fee. As a result, the designated beneficiaries were left with a ration, depending on family size, of a maximum of 8 kilograms per person.

¶5. Moreover, in the UN OCHA-EUE Report on a visit to Sidama and Welayta (Rift Valley, SNNPR, May 2003) the following: "The OCHA-EUE mission witnessed a government distribution in Yirba kebele (Sidama zone). Several farmers interviewed complained that 'rich' people, traders and owners of large numbers of cattle, went off with 50 kilo bags of USAID-provided food aid. DPPC and the Rural Development Bureau have confirmed some of these unacceptable practices but seem unable to do much about them."

¶6. Finally, the UK's DFID representative in Ethiopia, has recently commented that targeting food assistance to AND DAA/AFR BROWN,

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Ethiopia's most vulnerable is at present and historically
"notoriously problematic".

FAO emergency agricultural interventions in Oromiya, SNNPR,
and Afar

17. FAO's emergency unit in Ethiopia has a working 2003 budget of USD 4.1 million, largely provided by The Netherlands, Canada, and FAO's core Technical Cooperation Project (TCP) budget. Note: USAID/OFDA has contributed USD 118,975 to coordinate NGO and GFDRE efforts related to emergency agricultural interventions. End note.

18. The GFDRE has relied on the United Nation's Appeal system to address their non-food needs. However, the April 2003 non-food appeal requested only a proportion of non-food needs (e.g., 40% of seed requirements and 20% of water needs according to some UN and Government estimates). The assumption was made that GFDRE and Non-Governmental Organization resources would be able to fill the gap.

19. With some exceptions for the better-off farmers, the drought-stricken areas are having serious difficulties meeting planting requirements for a reasonable harvest. As a general rule, the amount of attention devoted to emergency agricultural interventions has been minimal. It has been reported that some 38 percent of Ethiopian small-farmers were assisted by government agricultural extension schemes in 2001; this dropped to 18 percent in 2002.

110. As previously reported, the GFDRE's Ministry of Agriculture pointed out in June that a sizable gap existed related to the opportune supply of seed for the main growing season, especially for Amhara, Tigray and Oromiya regions. Several factors were involved:

- The UN Appeal in December 2002 and the subsequent Addendum (March 2003) were based only on the MOA and FAO souring of priority needs, while assuming that the respective Regional governments and NGOs would effectively meet the broader demand;

- Because of the previously poor history of donor responses in the emergency agricultural sector, the choice was made to aim for a lower, more achievable level of funding, rather than an accurate estimate of overall actual needs;

- the gap was further exacerbated by a general underestimation of seeds at the woreda level, the worsening general conditions of farmers affected by drought, and an largely unsatisfactory Belg production in many areas this year.

111. There is an obvious need for the introduction of a wide variety of seeds, chosen for their drought-resistance and to allow farmers to diversify their risks, given increasingly erratic rains.

112. To minimize livestock losses in Miesso woreda (Oromiya) and Awash Fentale (Afar), FAO (with Canadian funding) implemented a supplementary feeds and vaccination campaign for 5,632 livestock. 16 feeding sites have been established and approximately 1,226 households were benefited.²

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Other UN organizations in drought-affected regions -
UNICEF/WHO - "In a normal year, every day the equivalent of a commercial jet filled with children under five crashes in Ethiopia. In an emergency, the equivalent of a Jumbo jet filled with small children crashes." UNICEF expert

¶13. Non-food aid needs are not systematically estimated based on vulnerabilities. Up until recently, the UN has not had any "problem-solving" mechanisms in-place at the regional and woreda levels. This is now changing as UNICEF, OCHA and WHO have begun deploying staff to SNNPR.

¶14. Far too many children have not been vaccinated and are now at high risk to the lethal combination of malnutrition and endemic malaria, measles, acute respiratory infections and diarrhea. Characteristics of an emergency measles vaccination campaign are a rapid vaccination of the most vulnerable children aged 6 months to 15 years; vaccination of newcomers and revaccination at nine months for those children vaccinated at age six to eight months; and vaccination of all children upon entry to a selective feeding program (therapeutic or supplementary) along with vitamin A distribution. All children in zones with less than an 80 percent measles vaccination coverage rate should be revaccinated regardless of prior vaccinations. If this is not feasible, mobile 'mop-up' vaccination teams should return to remote areas or villages with low coverage to revaccinate children.

¶15. Note: Under the guidance of UNICEF, a step-by-step guideline called the Protocol on the Management of Acute Malnutrition, for the identification of severe malnutrition, has been adapted to Ethiopia in an attempt to standardize the treatment of acute malnutrition. UNICEF estimates that 80,000 children in Ethiopia could be acutely malnourished, and in need of therapeutic feeding. For children, therapeutic feeding centers are the last line of defense before death. In the last few weeks, 15 therapeutic feeding centers have been opened in the SNNPR, and another 15 are presently being opened. With more than half the children in Ethiopia already stunted from chronic malnutrition, good nutrition presents an enormous challenge under the best of circumstances. End note.

Recommendations

¶16. US Mission is concerned about hit-or-miss targeting, dilution of rations and low beneficiary estimates, particularly in SNNPR, an area where the source of food aid is from WFP/DPPC. Food aid deliveries throughout Ethiopia need to be at the level of international standards.

¶17. US Mission will urge WFP to bring in additional human resources and logistics assistance to support the UN and Southern Nations operation for the second half of 2003.

¶18. US Mission stresses the importance of WFP/DPPC provision of full-rations (15 kilos/month), i.e., a full ration of 2100 kilocalories, and if necessary include supplemental rations beyond this level to ensure that those most in need survive. The historic 12.5 kilogram of wheat ration may have been appropriate in normal years when most families had 03162

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some degree assets with which to supplement their rations. However, at present, many families have been left completely destitute and are completely dependent upon food rations.

¶19. We also underline the importance, for both the UN and international donors, of giving equal priority to food and non-food needs to ensure the most complete emergency response possible.

Note: the disaster response effort to date has not been adequate in preventing the emergence of acute malnutrition or rates of accelerating mortality. End note.

¶20. There is general concern about the lack of the current health system and the potential for out-of-control epidemics - malaria, measles, meningitis, etc. In other words, the current situation is "prime-time" for an epidemic outbreak. Immediate and medium to long-term assistance must focus more intensely on supporting health, public nutrition and disease surveillance systems.

¶21. US Mission would like to pursue with WFP the development

of a "close-monitoring" contingency blended food aid, pulses and vegetable oil stock of up to 20,000 mts that can be tapped while on-going assessments and other non-food assessments continue to be carried out throughout the remainder of this calendar year.

¶22. WFP should actively encourage government to undertake an immediate campaign to give top priority to feeding children.

¶23. The UN needs to directly recognize that decentralization in Ethiopia is now so extensive that it can exacerbate effective emergency response in a number of regions, meaning that more needs to be done to effectively increase capacity at the district level.

¶24. US Mission will work with WFP Headquarters to promptly fill the key post of national logistics officer. WFP Ethiopia should accelerate its hiring and placement of field monitors.

¶25. US Mission will work with FAO Headquarters to strengthen its emergency outreach in Ethiopia. FAO Ethiopia needs to focus its attention on a more complete and comprehensive emergency seeds needs assessment and on developing with its government and NGO partners a common methodology for emergency seeds interventions.

¶26. The UN should support the implementation of therapeutic feeding programs where these can be properly supervised, tied to supplementary feeding programs, and in turn tied to an adequate general ration.

¶27. Targeting of blended foods (such as CSB) is not presently done though health personal or through screening for malnutrition. This is partly due to lack of capacity and the large territory covered by the drought. However, partner agencies could assist the MOH to play a far greater role in screening for targeted supplementary feeding, which would also provide an opportunity for immunization and basic health service delivery to those most in need. CSB is expensive, in short supply and should be reserved for targeted supplementary feeding programs and should, along with vegetable oil, be given in sufficient amounts.5 ROME 003162

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¶28. Emergency water interventions are saving lives even where food rations are inadequate to support nutritional status. Priorities must include providing clean water for health centers and therapeutic feeding centers. Rehabilitation of existing wells or construction of new wells for the general population should be considered as well as consideration of providing point of source water treatment (e.g. residual chlorination).

¶29. Finally, in the medium-term, there is a compelling need to directly address the problems of under-nutrition in infants and expectant mothers. Unlike other countries such as India, Ethiopia has no program that delivers a combination of services (food supplements, micro-nutrients, health inputs, immunizations, etc.) targeted to the most nutritionally disadvantaged groups in the population (e.g., infants and pregnant women). This is an area WFP and its UN Agencies partners might profitably explore.

Comment

¶30. We believe the naming of the new UN Special Envoy ex-Finnish President Matti Ahtisaari will greatly assist the coordination efforts of the United Nations and provide the necessary (and previously lacking) leadership and vision.

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